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APPLICANTS

Frederick Murray Burg, West Long Branch, NJ;

John F. Lucas, Tinton Falls, NJ;

Vivian A. Pressley-Harris, Willingboro, NJ;

** CONTINUING DATA ***** NONE** FOREIGN APPLICATIONS ***** NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>G.G.</u>				

ADDRESS

Samuel H. Dworetzky

AT&T CORP.

P.O. Box 4110

Middletown, NJ

07748-4110

TITLE

Voice-messaging with attachments

FILING FEE RECEIVED 1394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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